

**Title: Permitting Hospitals to Make Presumptive Eligibility Determinations for all Medicaid Eligible Populations**

**Section: 2202**

**State Option**

**Overview:** Section 2202 of the Patient Protection and Affordable Care Act (ACA) provides state Medicaid and CHIP programs the option to allow qualified entities to determine presumptive eligibility for children under the age of 19. In addition, Section 1920A of the ACA provides guidance for the Medicaid program and Section 2107(e)(1)(E) of the Act provides guidance for the CHIP program.

Presumptive eligibility would allow certain health care providers to treat a child who is not enrolled in the Medicaid or CHIP Program, and receive payment from the State's Medicaid or CHIP program for the services provided, based on an initial screening of the child for Medicaid or CHIP eligibility.

Under these provisions, states that elect this option would be required to enroll children who are under the age of 19 and who are determined on the basis of preliminary information to be eligible for the Medicaid or CHIP program. The presumptive period for children would end at the time a full Medicaid/CHIP determination is completed, or the month following the month in which presumptive eligibility was determined if an application is not subsequently submitted by the family.

The rule allows presumptive eligibility to be determined by "qualified entities," which includes entities that provide health care items and services that are covered under the State Plan and are eligible for payments under the Plan, or entities that are authorized to determine eligibility for the Head Start Program, child care funded under the child care and development block grant, Women, Infants, and Children (WIC) program, schools, child care centers, homeless shelters, and entities that determine eligibility for Medicaid, TANF and CHIP, as well as others approved by the Secretary of Health and Human Services.

However, the rule also allows a state to limit the entities that can determine presumptive eligibility. Officials from the regional and central offices of the Centers for Medicare and Medicaid Services (CMS) confirmed that a state can limit the presumptive eligibility determination to a state agency currently determining eligibility for the Medicaid and CHIP programs. This, in essence, would eliminate presumptive eligibility determinations without an application and would simply provide for expedited

enrollment of children in Medicaid or CHIP while the full eligibility determination is being completed.

Payments made on behalf of children who are subsequently determined ineligible for Medicaid are considered expenditures for child health assistance for targeted low-income children under the State Plan, and are considered service costs rather than administrative costs. Payments made on behalf of a child subsequently determined eligible would be made under the applicable Medicaid group under which they were determined eligible.

In addition, effective January 1, 2014, any hospital that is a participating provider under the State Plan may elect to be a qualified entity for purposes of determining, on the basis of preliminary information, whether any individual is eligible for medical assistance under the State Plan or under a waiver of the Plan. This is for the purposes of providing the individual with medical assistance during a presumptive eligibility period, in the same manner, and subject to the same requirements, as apply to the State options with respect to populations described in section 1920, 1920A, or 1920B. This is without regard to whether the State has elected to provide for a presumptive eligibility period under any such sections.

**Targeted Population:** Children who have not been determined eligible for Medicaid or CHIP but who may be, and who receive services from health care providers. This provision also is intended to provide financial relief to health care providers who serve a disproportionate share of lower-income children who may be Medicaid or CHIP eligible.

**Fiscal Impact:** The fiscal impact on the State is unknown at this time.

**Applicability to Nevada:** If the state were to elect a presumptive eligibility option, a statutory change would be necessary, as would the need to develop a Medicaid State Plan Amendment. Previous legislative proposals would have allowed all qualified entities to make presumptive determinations and would have required the Division of Welfare and Supportive Services (DWSS) to provide training and support to qualified entities. The previous budget projections included costs associated with increased outreach and training efforts. Previous legislative bills were also written to encourage enrollment in Medicaid and CHIP rather than using the option as a tool for expediting current enrollment.

For Nevada's Medicaid program, this provision would apply to children under the age of six in households with income below 133% of the Federal Poverty Level (FPL), children age six to 19 with household income below 100% FPL, and for the CHIP program this provision would apply to children in households with income below 200% FPL.

Finally, system changes would have to be implemented to allow for reporting of such presumptive eligibility information to the federal government for purposes of reimbursement.